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S. HAWKES

JAN 7 2009

EXAMINER

To Florida Department of State Division of Corporations

Dr Sirs,

Please find enclosed application and completed forms for a Florida LLC pursuant to Chapter 608, Florida Statutes.

Michael Leinenbach

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ccr: Michael	Leinenbach LLC. (Name of Limited Liability Company)
The end	closed Articles of Organizati	ion and fee(s) are submitted for filing.
Please 1	return all correspondence co	ncerning this matter to the following:
	Michael Leinenba	ıch
		(Name of Person)
	Michael	Leinenbach LLC.
·		(Firm/Company)
	217 Pinehurst Dr	ive
·		(Address)
	Auburndale, Fl 33	3823
•		(City/State and Zip Code)
For furt	ther information concerning	this matter, please call:
Mich	ael Leinenbach	at (863) 307-6298
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	ed is a check for the follo	wing amount:
√ \$125.	00 Filing Fee \$130.00 Certific	O Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, cate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Division P.O. Box	ion Section Registration Section of Corporations Division of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	08 D
Michael. Leinen hich L.L.C (Must end with the words "Limited Liability	
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
217 Pinehurst Drive	217 Pinehurst Drive
Auburndale, Fl 33823	Auburndale, FI 33823
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the remainder Michael Leinenbach	ered Agent. You must designate an individual or another
Name	
217 Pinehurst Drive	
	ress (P.O. Box NOT acceptable)
Auburndale, Fl 33823	S _{FL}
City, State, an	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited tis certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Michael Leinenbach	AREAS
		· :
	· · · · · · · · · · · · · · · · · · ·	
		
(Use attachment if necessary)		
CLE V: Effective date, if other than th	e date of filing	(OPTIONAL)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael Leinenbach

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)